

REQUEST TO MODIFY CHILD SUPPORT

(STANDARD PROCESS)

1

**To Change an Existing Court Order
For Child Support Due to Continuing Change in
Circumstances (Standard Process)**

**Part 1: Filing the Court Papers
(Forms Packet)**



SELF-SERVICE CENTER

REQUEST TO MODIFY A COURT ORDER FOR CHILD SUPPORT

(Standard Process)

PART 1: FILING THE COURT PAPERS

FORMS ONLY

This packet contains court forms to file a ***“Petition to Modify a Court Order for Child Support -- Standard Process.”*** The documents should appear in the following order:

Order	File Number	Title	# Pages
1	DRMCS1ft	Table of forms in this packet	1
2	DRMCS1k	Checklist: You may use these forms if . . .	1
3	DRMCS11f	<i>“Petition to Modify a Child Support Order” (Standard Process)</i>	3
4	DRS12f	<i>“Parents Worksheet for Child Support”</i>	2

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**SELF-SERVICE CENTER
Forms and Instructions**

**REQUEST TO MODIFY A CHILD SUPPORT ORDER
(Standard Process)**

CHECKLIST

YOU MAY USE THE FORMS and instructions in this packet if the following factors apply to your situation:

- ✓ You have a child support order from Maricopa County and believe the amount of child support should be changed because there has been a **substantial and continuing** change in your circumstances.

DO NOT USE THESE FORMS:

- ✗ To change spousal maintenance/support (alimony);
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the reason you are requesting the change is because the living arrangements of the child(ren) have changed but the court order about custody and visitation has **not**.

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Name of Person Filing Document: (A) _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Lawyer's Bar Number (if applicable): _____
 Representing: ☐ Self (Without a Lawyer) OR
☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____(B) Case Number _____(C)
 Name of Petitioner (in original case)

PETITION TO MODIFY A CHILD SUPPORT ORDER (Standard Process)

AND

_____(B)
 Name of Respondent (in original case)

1. INFORMATION ABOUT THE PETITIONER: (D)

Name: _____
 Address: _____
 City, State, Zip Code: _____
 County where the Petitioner lives: _____
 Date of Birth: _____
 Job Title: _____

2. INFORMATION ABOUT THE RESPONDENT: (D)

Name: _____
 Address: _____
 City, State, Zip Code: _____
 County where the Respondent lives: _____
 Date of Birth: _____
 Job Title: _____

3. INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER I WANT TO CHANGE: (E)

- A. Date of order I want to change: _____
 B. Court Case Number of order I want to change: _____
 C. Location of court (city and state): _____
 D. Current Amount Ordered to be paid: The current order requires (name of person who pays) _____
 _____ to make payment for: the following:

Case No. _____

Child Support \$_____ per _____

Spousal Maintenance/Support \$_____ per _____

Other: \$_____ per _____

Payments in Arrears: \$_____ per _____

4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER INVOLVING THE PETITIONER AND THE RESPONDENT: (F)

☐ **Current enforcement or modification cases:** No other cases are pending in any court for enforcement or modification of this court order. (You **must** check here, and this **must** be true.)

☐ **Past enforcement or modification cases:** If you or the other party have filed for enforcement or modification of the court order in the past, you must complete the following information, otherwise write "none" in the space provided. Use additional paper if necessary:

Names of Parties: _____

Date of order, judgment, decree: _____

Explain what order or judgment said: _____

Court Case Number: _____

Location of court (city and county): _____

Explain Type of Case: (emergency custody, visitation, etc.) _____

There **must** be a substantial **and** continuing change in circumstances before you can ask the court to change the current child support order.

5. WHAT CHILD SUPPORT SHOULD BE: Attached is a Parent's Worksheet for Child Support Amount. According to the worksheet calculations, the child support amount should be \$_____ per month. **(G)**

Case No. _____

6. **I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** (Describe the reasons and the substantial and continuing change in your circumstance.) **(H)** _____

7. **DEPARTMENT OF ECONOMIC SECURITY.** Is the Division of Child Support Enforcement providing Child Support Services to at least one of the parties? **(I)**
☐ Yes (If yes, see instructions.) ☐ No ☐ Unknown.

WHAT I WANT THE COURT TO ORDER: I ask that child support be ordered in the amount asked for in number 5.

OATH OR AFFIRMATION (J)

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Deputy Clerk or Notary Public

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA⁽²⁾ COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ (35) \$

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent